

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER
00-10

2. STATE
Illinois

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE:
July 1, 2000

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 431.11 & Section 1902(a)(4) Social Security Act

7. FEDERAL BUDGET IMPACT:

- a. FFY 2000 - \$750,000
b. FFY 2001 - \$2,250,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, page 34
Attachment 3.1A and 3.1B Page 5

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (if Applicable):

Attachment 4.19-B, page 34
Attachment 3.1A and 3.1B Page 5

10. SUBJECT OF AMENDMENT: **METHODS AND STANDARDS FOR ESTABLISHING OUTPATIENT RATES FOR
HOSPITAL REIMBURSEMENT**

11. ☐ GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☒ OTHER, AS SPECIFIED:

Not submitted for review by prior
approval.

12. SIGNATURE OF AGENCY OFFICIAL:

Ann Patla

13. TYPED NAME: Ann Patla

16. RETURN TO:

ILLINOIS DEPARTMENT OF PUBLIC AID
201 SOUTH GRAND AVENUE, EAST
SPRINGFIELD, IL. 62762
ATTENTION: Lynn Handy
Deputy DIRECTOR

14. TITLE: DIRECTOR

15. DATE SUBMITTED: 8-29-00

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 8/30/00

18. DATE APPROVED: 4/4/01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

7/1/2000

20. SIGNATURE OF REGIONAL OFFICIAL:

Cheryl Harris

21. TYPED NAME: Cheryl A. Harris

22. TITLE: Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

State Illinois

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPE OF CARE -
BASIS FOR REIMBURSEMENT

8. DENTAL SERVICES: Reimbursement will be made for dental services by one of two methods depending on the recipient's category of service.
 - a. For services provided eligible recipients of AABD-MANG and AFDC-MANG and the Refugee/Expatriate Assistance - at the lesser of the usual and customary charge to the general public or statewide maximums established by the Department not to exceed the upper limits specified in Federal regulations; or, The usual and customary charges are verified through post-payment audits. During these audits, private pay records are reviewed to determine the amount billed for similar procedures. If it is discovered that private pay individuals are charged less than the Medicaid population, recoupment action is taken.
 - b. For services provided recipients of AABD-MAG and AFDC-MAG - Services will be administered through a prepaid dental plan. A flat monthly rate per enrolled recipient as established by the Department not to exceed the upper limits specified in Federal regulations will be paid to the dental health insuring organization.
9. EYE CARE SERVICES AND OPTICAL GOODS: Same as 6.
10. PODIATRIC SERVICES: Same as 6.
11. CHIROPRACTIC SERVICES: Same as 6.
12. HOME HEALTH CARE SERVICES: ~~Lowest of individual home health agency's charge, approved Medicare rate or statewide flat rate established by the Department.~~ Home Health Care Services rates are based on the following:
 - a) Home health agencies shall be paid an all inclusive, per visit rate which shall be the lowest of:
 - 1) the agency's usual and customary charge to the general public for the service. The usual and customary charges are verified through post-payment audits. During these audits, private pay records are reviewed to determine the amount billed for similar procedures. If it is discovered that private pay individuals are charged less than the Medicaid population, recoupment action is taken;
 - 2) the agency's Medicare rate; or
 - 3) the Department's allowable rate.
 - b) Payment to self-employed registered nurses providing in-home nursing services, when no home health agency exists in the area, is made at the community rate for such services as determined for each case at the time prior approval is given. The community rate is determined by contacting one or more providers in the area to determine the rate charged in a given community.

State Illinois

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7. HOME HEALTH SERVICES

a.b. and c.

Services are provided on a short-term, intermittent basis to facilitate clients transitioning from a more acute level of care. Services must be provided only on direct order of a physician, and require prior approval unless the client is eligible for these benefits under Medicare.

Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

d.

7/00 Services available only when provided by a Home Health Agency, or by a registered nurse when no home health agency exists in the area. Services require aon direct order of a physician, and ~~with~~ prior approval unless the client is eligible for these benefits under Medicare.

Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

8. PRIVATE DUTY NURSING SERVICES

Provided only when recommended by the physician. Requires prior approval. Services cannot be covered if provided by a relative.

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TN# 00-10 APPROVAL DATE 01/01/2001 EFFECTIVE DATE July 1, 2000

SUPERSEDES

TN# 91-12

State Illinois

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a.b. and c.

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4/98 9. CLINIC SERVICES

Community Mental Health Services

Mental Health Services are to be provided to eligible clients who require such services:

- to effectively manage current symptoms of mental illness through treatment or rehabilitation programs;

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SUPERSEDES

TN# 98-10